#### I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered. 04/19/2023

#### SIGNATURE: ANTHONY COWAN

Electronic Signature of Signing Authorized Person(s) Detail

# Entity Name: HEALTHCARE BUSINESS RESOURCE ALLIANCE LLC

# **Current Principal Place of Business:**

7825 LA SIERRA COURT JACKSONVILLE, FL 32256

# **Current Mailing Address:**

DOCUMENT# L22000014958

7825 LA SIERRA COURT JACKSONVILLE, FL 32256 US

# FEI Number: 87-4303641

# Name and Address of Current Registered Agent:

COWAN, ANTHONY 7825 LA SIERRA COURT JACKSONVILLE, FL 32256 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

#### SIGNATURE: ANTHONY COWAN

Electronic Signature of Registered Agent

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### Authorized Person(s) Detail :

Title CEO Name COWAN, ANTHONY Address 7825 LA SIERRA COURT JACKSONVILLE FL 32256 City-State-Zip:

CEO

Certificate of Status Desired: Yes

04/19/2023

Date

### FILED Apr 19, 2023 Secretary of State 0064709555CC